

ORIGINAL

Site Assessment SEMS Data Entry/Decision Form EPA Region III

Site Name: GI Cleaners Site Alias: _____
 Site ID#: 0306834 DSN/State ID: MD-616 SSID/Spill ID: A3TZ EPA ID#: MDN000306834 RCRA ID#: _____

Site-Level Data

Modify SEMS Site Information: (Enter the Site or Action Level updates required)

Update Non-NPL status; archive site

☐ Add ☐ Edit Latitude/Longitude Values: Lat: + _____ Long: - _____
 Non-NPL Status: (verify with list of valid NPL/Non-NPL values) Not a Valid Site - State Lead (OD) Status Change Date: Aug 10, 2017

Merge Site/Aggregate Site: _____ Parent Site ID: _____
 (When merging or aggregating a site, identify Parent/Child relationship)

☐ **Final Assessment Decision (FAD)** (can this site be archived?) FAD Date: _____
☒ **Archive** (Check that there are No Prohibited Open Actions before Archiving) Archive Date: Aug 10, 2017
☐ **Unarchive** (Document to Site File) Unarchive Date: _____
☐ **ERS Exclusion** (An ERS Exclusion Determination Form must be completed) ERS Exclusion Date: _____
☐ **NFFA (No Further Federal Action)** NFFA Date: _____
☐ **Special Initiatives:**
☐ **Environmental Justice (EJ)** Watershed Initiative Area: Chesapeake Bay
☐ **Military Munitions Response Program (MMRP) (MM)**
☐ **RCRA Deferral: (Check One)** ☐ Lead Confirmed (RB) ☐ New Decision (RC) ☐ Further Superfund Assessment (RE)
☐ **Smelter Site: (Check One)** ☐ Smelter Activities ☐ Unrecognized Smelter per 2001 Report

Action-Level Data

Remedial Site Assessments (RSAD/GPRA Target)

Action Name	Lead	Start Date	Compl. Date	Qualifier
<small>*Completion dates entered on the Actions designated below will count towards the RSAD/GPRA Target</small>				
Pre-CERCLA Screening (HX)		__/__/__	__/__/__	
Preliminary Assessment (PA)		__/__/__	__/__/__	
Site Inspection (SI)		__/__/__	__/__/__	
Expanded Site Inspection (ESI)		__/__/__	__/__/__	
ESI/RI (SS)		__/__/__	__/__/__	
HRS Package (HR)		__/__/__	__/__/__	
Site Reassessment (OO)		__/__/__	__/__/__	
Fed Fac PA Review (RX)		__/__/__	__/__/__	
Fed Fac SI Review (TY)		__/__/__	__/__/__	
Fed Fac ESI Review (TZ)		__/__/__	__/__/__	
Discovery (DS)		__/__/__	__/__/__	
State Deferral (AQ)		__/__/__	__/__/__	
Referred from RCRA (XR)		__/__/__	__/__/__	
Other Cleanup Activity (VA) (Enter Subaction below)		__/__/__	__/__/__	
<small>(For OCA Start, please check FAD box and add FAD date)</small>				
<input type="checkbox"/> Comprehensive Site Investigation <input type="checkbox"/> Remedial Selection <input type="checkbox"/> Construction <input type="checkbox"/> Trip Report		__/__/__	__/__/__	
<input type="checkbox"/> Post-Construction Maintenance <input type="checkbox"/> Design <input type="checkbox"/> Short Term Cleanup <input type="checkbox"/> Work Plan Submitted		__/__/__	__/__/__	
Laboratory Support (LA) (add only when using START Contract)		__/__/__	__/__/__	

Start Date - date site is initiated
 Completion Date - date site is Archived

JOSEPH VITELLO	Digitally signed by JOSEPH VITELLO	Aug 10, 2017	<i>Anita D. Wright</i>	11/9/17
Site Assessment Manager (SAM) Signature	Date	SA Data Entry/Report QA/QC Signature	Date	
<i>[Signature]</i>	11/9/17	<i>[Signature]</i>	11/9/17	
Site Assessment Branch Chief Signature	Date	GPRA/SEMS Data Quality Coordinator (DQC) Signature	Date	

United States Environmental Protection Agency		POTENTIAL HAZARDOUS WASTE SITE SITE IDENTIFICATION ("DISCOVERY")			I. IDENTIFICATION 01 ST MD 02 SITE NUMBER <div style="font-size: 2em; transform: rotate(-15deg); opacity: 0.5; position: absolute; top: 0; right: 0;">ORIGINAL</div>	
I. SITE NAME AND LOCATION						
01 SITE NAME (Legal, common, or descriptive name of site)			02 STREET, ROUTE NUMBER, OR SPECIFIC LOCATION IDENTIFIER			
GI Cleaners			Westminster Shopping Center			
03 CITY		04 ST	05 ZIP CODE	06 COUNTY	07 CO CODE	08 CONG DIST
Westminster		MD	21157	Carroll County		06
09 DIRECTIONS TO SITE (Starting from nearest public road; enter up to 4 lines of text)						
From north on Baltimore Blvd. (SR 140/97) turn left at light at Englar Road. Proceed to next left which is the entrance to the shopping center.						
II. RESPONSIBLE PARTIES						
01 OWNER (If known)			02 STREET (Business, residential, mailing)			
CITY			04 ST	05 ZIP CODE	06 TELEPHONE NUMBER	
OPERATOR (If known and different from owner)			08 STREET (Business, residential, mailing)			
CITY			10 ST	11 ZIP CODE	12 TELEPHONE NUMBER	
TYPE OF OWNERSHIP (Mark one; use "insert" mode)						
A. PRIVATE B. FEDERAL (Agency name): _____ C. STATE D. COUNTY E. MUNICIPAL F. OTHER (Specify): _____ G. UNKNOWN						
III. HOW IDENTIFIED						
DATE IDENTIFIED		02 IDENTIFIED BY (Mark all that apply; use "insert" mode)				
01/12/12 (Month/Day/Year)		<input type="checkbox"/> A. CITIZEN COMPLAINT <input type="checkbox"/> B. INDUSTRY <input type="checkbox"/> C. STATE/LOCAL GOVERNMENT <input type="checkbox"/> D. AERIAL RECONNAISSANCE <input type="checkbox"/> E. RCRA INSPECTION <input type="checkbox"/> F. SURFACE IMPOUNDMENT ASSESSMENT <input type="checkbox"/> G. OTHER EPA IDENTIFICATION <input checked="" type="checkbox"/> H. OTHER (Specify): <u>Dry Cleaner Initiative</u>				
SITE CHARACTERIZATION						
TYPE OF SITE (Mark all that apply; use "insert" mode)						
<input type="checkbox"/> A. STORAGE <input type="checkbox"/> B. TREATMENT <input type="checkbox"/> C. DISPOSAL <input type="checkbox"/> D. UNAUTHORIZED DUMPING <input checked="" type="checkbox"/> E. OTHER (Specify): <u>Dry Cleaning Operation</u>						
SUMMARY OF KNOWN PROBLEMS (Provide narrative description; enter up to 6 lines of text)						
No known problems						
SUMMARY OF ALLEGED OR POTENTIAL PROBLEMS (Provide narrative description; enter up to 5 lines of text)						
The dry cleaner operation occurred within a Well Head Protection Area and is now located beneath a grocery store which may be subject to vapor intrusion.						
IV. INFORMATION AVAILABLE FROM						
CONTACT		02 OF (Agency/Organization)			03 TELEPHONE NUMBER	
Kxon Wood		MDE/LRP			410-537-3399	
PREPARED BY		05 AGENCY	06 ORGANIZATION	07 TELEPHONE NUMBER	08 DATE (Month/Day/Year)	
Kxon Wood		MDE	LRP	410-537-3399	01/12/12	

ORIGINAL

Site Assessment CERCLIS Data Entry/Decision Form EPA Region III

Site Name: ST Cleaners Site Alias: _____
 Site ID#: 0306834 DSN/ State ID: MD 616 SSID/ Spill ID: _____ EPA ID#: MDND000306834

Site-Level Data

Modify CERCLIS Site Information: (Enter the Site or Action-Level updates required)
Delete One-Cerclis Screening Action
☐ Add ☐ Edit Latitude/Longitude Values: Lat: + _____ Long: - _____
 Non-NPL Status: (Verify with list of valid NPL/Non-NPL values) (PO) ONGOING (PO) Status Change Date: 6/27/12
 Merge Site/Aggregate Site: _____ Parent Site ID: _____
 (When merging or aggregating a site, identify Parent/Child relationship)
☐ **Final Assessment Decision (FAD)** (Can this site be Archived?) FAD Date: _____
☐ **Archive** (Check that there are No Prohibited Open Actions before Archiving) Archive Date: _____
☐ **Unarchive** (Document to Site File) Unarchive Date: _____
☐ **ERS Exclusion** (An ERS Exclusion Determination Form must be completed) ERS Exclusion Date: _____
☐ **NFFA (No Further Federal Action)** NFFA Date: _____
☐ **Special Initiatives:**
☐ Environmental Justice (EJ)
☐ Military Munitions Response Program (MMRP) (MM)
☐ RCRA Deferral: (Check One) _____ Lead Confirmed (RB) _____ New Decision (RC) _____ Further Superfund Assessment (RE)
☐ Smelter Site: (Check One) _____ Smelter Activities _____ Unrecognized Smelter per 2001 Report

Action-Level Data

Remedial Site Assessments (RSAD/GPRA Target)

Action Name	Lead	Start Date	Compl. Date	Qualifier
*Completion dates entered on the Actions designated below will count towards the RSAD GPRA target.	*If referred from Removal Program to SA, Discovery date is the date the Referral Decision is made.			
Pre-CERCLIS Screening (HX)	F EP FF S TR	/ /	/ /	
Preliminary Assessment (PA)	F EP S SN TR	/ /	/ /	ACA D F G H L N W DN B SA
Site Inspection (SI)	F EP S TR	/ /	/ /	ACA D F G H L N W DN B SA
Expanded Site Inspection (ESI)	F EP S TR	/ /	/ /	ACA D F G L N W DN B SA
ESI/RI (SS)	F EP MR PS RP S SN TR	/ /	/ /	ACA D F G L N W DN B SA
HRS Package (HR)	F EP FF S TR	/ /	/ /	ACD F N O W DN SA
Site Reassessment (OO)	F EP S TR	/ /	/ /	ACA D F G H L N W DN B SA
Fed Fac PA Review (RX)	F EP S TR	/ /	/ /	ACA D H L N DN B SA
Fed Fac SI Review (TY)	F EP S TR	/ /	/ /	ACA D H L N DN B SA
Fed Fac ESI Review (TZ)	F EP S TR	/ /	/ /	ACA D G L N DN B SA
Discovery (DS)	F EP FF S TR	/ /	/ /	
State Deferral (AQ)	SD	/ /	/ /	RS RT
Referred from RCRA (XR)	F EP	/ /	/ /	FN
Other Cleanup Activity (VA) (Enter Subaction below) (For OCA Start, please check FAD box and add FAD date)	FF SR PS RP SE S SN TR	/ /	/ /	A D F H L N W DN B
<input type="checkbox"/> Comprehensive Site Investigation <input type="checkbox"/> Remedy Selection <input type="checkbox"/> Construction <input type="checkbox"/> Trip Report		/ /	/ /	H L
<input type="checkbox"/> Post-Construction Maintenance <input type="checkbox"/> Design <input type="checkbox"/> Short Term Cleanup <input type="checkbox"/> Work Plan Submitted				
Laboratory Support (LA) (add only when using START Contract)	F EP FF MR SR PS RP SD S SN TR	/ /	/ /	
	Start Date - date site is initiated Completion Date - date site is Archived			
Site Assessment Manager (SAM) Signature	Date	SA Data Entry/Report QA/QC Signature	Date	
Site Assessment Branch Chief Signature	Date	GPRA/CERCLIS Data Quality Coordinator (DQC) Signature	Date	

ID: MDN000306834 Site Name: GI CLEANERS

State ID: MD-616

Site Names:

WESTMINSTER

Report Dated:

County or Parish: CARROLL

State: MD

Report Developed By:

Report Type: PRELIMINARY ASSESSMENT 001

ORIGINAL

☐

1. Further Remedial Site Assessment Under CERCLA (Superfund) is not required because:

☐

2. Further Assessment Needed Under CERCLA:

Discussion/Rationale:

PRE-CERCLIS Screening has been performed for this site. Based on its history and location, further assessment is recommended.

Decision Made by:

Signature:

Date: